

AUGUSTA RICHMOND COUNTY
1815 MARVIN GRIFFIN ROAD
AUGUSTA, GA. 30906
PHONE (706) 312-5038 FAX (706) 312-5037

HOTEL-MOTEL FORM

MONTHLY PERIOD REPORT _____ 20_____

BUSINESS NAME _____

LOCAL BUSINESS ADDRESS _____

HOME OFFICE ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

HOTEL MOTEL TAX

TOTAL ROOM SALES _____

EXEMPT ROOM SALES _____

TAXABLE SALES: **SUBTRACT LINE 2 FROM LINE 1** _____

HOTEL-MOTEL TAX: **ENTER 6% OF LINE 3** _____

VENDOR COMPENSATION: **ENTER 3% OF LINE 4** _____

BALANCE DUE: **SUBTRACT LINE 5 FROM LINE 4** _____

(SIGNATURE) (DATE) (TITLE)

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL FALSIFICATION OF THE RETURN COULD RESULT IN THE LOSS OF MY BUSINESS LICENSE.

NOTICE: ALL RETURNS ARE DUE AND TAXES PAYABLE BY THE 20TH OF THE EACH MONTH. **VENDOR DISCOUNT IS NOT ALLOWABLE IF RETURN IS NOTE FILED BY THE 20TH OF THE MONTH.** THE AUGUSTA- RICHMOND COUNTY COMMISSION RESERVES THE RIGHT TO INSPECT AND AUDIT THE BOOKS AND RECORDS OF ANY BUSINESS OPERATING WITHIN THE CONFINES OF ITS JURISDICTION.

MAKE CHECKS PAYABLE TO AUGUSTA-RICHMOND COUNTY AND MAIL PAYMENTS TO P.O. BOX 9270 AUGUSTA, GA. 30916.